HIPAA Corner… … …

Maintenance of Accounting of Disclosures

Q Our organization is still struggling to fully understand when we must maintain an accounting of disclosures of PHI. Do we need to keep an accounting when we disclose PHI to our law firm in order to prepare a response for a government agency?

A The law firm is your business associate (BA) (and you must have a HIPAA-compliant BA contract with the firm). Disclosures of PHI to your BA to assist you with treatment, payment, or healthcare operations do not require an accounting. But if your BA then rediscloses your PHI to a government agency for other than your organization's treatment, payment, and healthcare operations, accounting will likely be required. For example, if redisclosure is for public health purposes, accounting is required.

Editor's note: This question was answered by Kate Borten, CISSP, CISM, president and founder of The Marblehead Group, Inc., a national security and privacy consulting firm focusing on the healthcare industry.

AHCCCS Encounters Error Codes

R600 – Medicare Coverage Indicated But Not Billed
Encounters are pending because the TPL file indicates the recipient has Medicare coverage, but the claim has been submitted with the Medicare fields blank. If the TPL file indicates a recipient has Medicare, claims must be submitted with a dollar amount. If the service is not a Medicare covered service, zero must be entered in the Medicare fields, indicating Medicare did not cover or denied the service.

Z725 – Exact Duplicate from Different Health Plans
Encounters are pending because at least one claim was found in the system from another health plan that matches the pended claim. These claims need to be researched by both health plans' to determine the cause for the exact duplicate. Each health plan must work together to resolve the issue and decide who should receive payment for the service. Your assigned technical assistant is available to help you with your research.

*These errors account for **50.68%** of the pended encounters at AHCCCS.*

Edit Alerts

An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

Intake Edit Lifted

The intake edit requiring Marital Status and Primary Language on an intake change has been removed if the original intake did not contain data in those fields. If Marital Status or Primary Language were on the original intake, they will still be required on the intake change. This edit change effects only intake changes. Marital Status and Primary Language are still required on all new intakes.

AHCCCS
DIVISION OF HEALTH CARE MANAGEMENT
DATA ANALYSIS & RESEARCH UNIT
Encounter File Processing Schedule
September 2004—October 2004

FILE PROCESSING ACTIVITY	Sept 2004	Oct 2004
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS	Sat 9/4/2004 5:00 AM	Fri 10/08/04 12:00 PM
Work Days for AHCCCS	6	6
Encounter Pended and Adjudication Files Available to Health Plans.	Tue 9/14/2004	Tue 10/18/2004
Work Days for Health Plans	13	18

NOTE:
1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon, unless otherwise noted

Important Reminders . . .

Edit Resolution Document
As discussed at the last ITS Monthly Meeting, the Edit Resolution Document (ERD) has been completed and placed on Sherman in the common area for each T/RBHA to pull down. As new edits are added or the functions of existing edits are changed or up-dated, a new document will be placed on the server for pick up.

Back Issues of the Tidbits
Have you ever wanted to refer to an article from a previous issue of the Tidbits? An archive is available on the BHS website. To reach them, go to http://www.azdhs.gov/bhs/tidbits to view or print prior editions.

AHCCCS Pended Encounter File Processing
ADHS is targeting September 2004 to complete processing for the backlog of our "new day" encounters at AHCCCS. ADHS continues to work with AHCCCS and the RBHAs to resolve outstanding processing issues. Below is a recap of "new day" backlog processing.

AHCCCS Cycle	"New Day" Data	Status
Jun 2004	Oct 2003 – Jan 2004	Processed
Jul 2004	Feb-Mar 2004	Processed
Aug 2004	Apr-Jun 2004	Processed
Sep 2004	Jul-Aug 2004	Scheduled

AHCCCS is allowing the RBHAs more time to clean up pended encounters before they impose sanctions; however, ADHS is encouraging the RBHAs to correct their pends as soon as possible. The Pend_Days and Sanction_Date fields will help you prioritize the cleanup process.
- **Pend Deletions** - Send your pended encounter deletions through the daily void process. This will allow the pended encounters to be voided in CIS and deleted at AHCCCS in one step.
- **Pend Approved Duplicate Overrides** - Only send your pended encounter approved duplicate overrides in the DELDUPyyyymm_rr.TXT file.

If you have any questions, please contact your assigned DBHS Technical Assistant.

Important Definitions for Corporate Compliance

Intent must be shown in fraud matters. Intent rarely is self-evident, but rather is demonstrated by showing a pattern of activity. Some of the more common ways to show intent include proof that the accused:
- Had no legitimate motive for the activities
- Repeatedly engaged in the same or similar activity of an apparent wrongful nature
- Made conflicting statements
- Made admissions
- Acted to impede the investigation of the offense
- Made statements the offender clearly knew to be false

Did You Know ???

User Access Request Forms
The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.

Billing Questions …

Attention Providers –
Important Notice About ICD-9-CM Codes
CMS will begin enforcing HIPAA standards on October 1, 2004. The HIPAA Transaction and Code Set Rule requires the use of national code sets and codes must be valid when the service was provided.

In previous updates, Medicare allowed a 90-day grace period after the annual October 1st implementation of the updated version of the ICD-9-CM diagnosis codes. The grace period allowed providers to become familiar with the new codes and learn about those discontinued. Medicare's processing systems will change on October 1, 2004, and any claims submitted with a discontinued diagnosis code will be returned, unpaid, to the provider.

Providers will need to use the new codes in their billing process effective October 1st each year, beginning this year. The new codes *must* be used for services rendered *on or after October 1, 2004* to insure prompt and accurate payment.

Also, please remember, when using ICD-9-CM diagnosis codes, be sure to use the most specific code for that diagnosis and carry it out to the furthest digit (e.g. 4th or 5th digit).

Office of Program Support Staff
If you need assistance, please contact your assigned Technical Assistant at:

Michael Carter	NARBHA PGBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5 Gila River Navajo Nation Pascua Yaqui	(602) 364-4711
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